

moved all the cuneiform bones and the navicular bone on account of tuberculous caries. The result was everything to be desired. The author claims the priority of this operation, having performed it two months before Abalinsky, who advocates the same method in *Centralblatt f. Chirurgie*, No. 43, 1890.

The author recommends a similar section of the hand for tuberculous osteitis of the carpus considering this method superior to Lister's and Ollier's longitudinal incisions or to Butcher's and Stanley's transverse incisions. Lister's is probably the best of these, but does not give good space and the haemostasis is often difficult if the deep arch is severed.

The longitudinal incision is made between third and fourth metacarpal bones and the joint between the os magnum and the cuneiform bone opened. The carpus may now be widely opened. It is easy to avoid the median nerve except the branch to the radial side of fourth finger. Both superficial and deep palmar arches are severed and must be ligated in the wound.—(*Hospitals-Tidende*, Jan. 7, 1891.

H. MYNTER (Buffalo).

GENERAL SURGERY.

I. **On the Surgery of Hydatid Disease.** By DR. MIKHAIL S. STADNITZKY (St. Petersburg, Russia). A couple of years ago Professor A. S. Lebedeff and Dr. A. I. Andreeff, of St. Petersburg, have published (*Medical Chronicle*, June, 1889, p. 215) interesting experiments which prove beyond any reasonable doubt that daughter-cysts of human echinococcus, when transplanted into a rabbit's abdominal cavity, will continue to grow and even multiply. Following Prof. Lebedeff's suggestion, Dr. Stadnitzky has lately repeated the experiments, his results furnishing an additional support to the last proposition. The following are practical corollaries deduced by him from the instructive facts: 1, On operative interference in cases of abdominal echinococcus in man, the surgeon must take the strictest possible precautions for preventing any penetration into the peritoneal cavity of contents of echinococcus cyst, since otherwise daughter-bladders will grow and

multiply therein and thus give rise to all formidable symptoms peculiar to the disease. 2, In such cases of hydatid of the liver where there arise some suspicions that the maternal cyst has burst and its contents emerged into the peritoneal cavity, abdominal section should be performed without delay. 3, In view of the said dangers, an exploratory tapping, as a means for diagnosing abdominal hydatids in suspicious cases, should be either given up altogether, or, at least, practiced only in certain quite exceptional cases.—*St. Petersburg Inaugural Dissertation*, 1891, No. 22, p. 32.

NERVOUS AND VASCULAR SYSTEMS.

I. **On the Therapeutic Value of Nerve-Stretching.** By DR. ARCHIMEDE MISCHI (Cesena, Italy). The writer comes to the following conclusions:

1. Nerve-stretching constitutes, by its manner of action, a special therapeutic process. This influence is felt even as far as the nervous centres and in the medulla oblongata in particular. A paralysis of sensation, with relative conservation of motility, is produced.

2. Nerve-stretching is an efficacious method of treatment in those cases in which the lesion is peripheric; hence, it is most useful in the treatment of the various neuralgias, ticdouleureux, spasms, traumatic contractures and reflex epilepsy.

3. It must be condemned in tabes dorsalis and various affections of the medulla oblongata, in which it is never successful, often injurious and, finally, sometimes fatal.

4. It offers but the slightest probability of success in the treatment of tetanus.—*Il Raccoglitore Medico*, Dec. 10, 1890

II. **A Case of Supposed Arterio-Venous Aneurysm of the Femoral Vessels, at the Apex of Scarpa's Triangle; Ligature of the Femoral Artery and Vein, above and below, with Extirpation of the Sac; Recovery.** By PROF. D'ANTONA (Naples, Italy). At the operation there were found at the aperture of the sac villiform vegetations in a small perforation of the artery, and small fibrinous bodies floating freely in the sac. These two condi-